

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	11/16	12192	11/10/00
O.I.P.E. CLASSIFIER			02-29-00
FORMALITY REVIEW	033	15285	4-80-00
RESPONSE FORMALITY REVIEW			

## INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 — (Through numeral)... Canceled  
 -+ ..... Restricted

N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

Claim	Final	Original	Date
1	✓	✓	5/26/02
2	✓	✓	5/26/02
3	✓	✓	5/26/02
4	✓	✓	5/26/02
5	✓	✓	5/26/02
6	✓	✓	5/26/02
7	✓	✓	5/26/02
8	✓	✓	5/26/02
9	✓	✓	5/26/02
10	N	N	
11	N	N	
12	✓	✓	5/26/02
13	✓	✓	5/26/02
14	✓	✓	5/26/02
15	✓	✓	5/26/02
16	✓	✓	5/26/02
17	N	N	
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35	✓	N	
36		I	
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Claim	Final	Original	Date
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Claim	Final	Original	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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